1 PLACE OF DEATH					MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS		
		ackson			399	CERTIFICATE	OF DEATH 318
Town	mship		Regi	istration Distric	1002	File No	3679
Ville	age	······	Prin	nary Registratio	on District No	Registered	No
		. •	dred Flor		spital st.	War	d) HI death occurred in hospital or institution give its NAME inste- of street and number.
	PERS	ONAL AND STATIS		ARS	MEDICAL	CERTIFICATE	OF DEATH
3 SEX	(4 COLOR OR RACE	D SINGLE MARRIED		16 DATE OF DEATH		
.		White	or bivorced (Write the word)	Single	,	Sept	7, 1917 (Day) (Yea
FOM 6 dat	E OF BIRT		<u>, , , , , , , , , , , , , , , , , , , </u>		17 I HEREBY	CERTIFY, the	at I attended deceased fro
:	. 1	Jan.	: 19	1916	0-26-17		9 - 7 -17 191
		- (Month)	(Day	r) (Year)	that I last saw h. L. al	ive on 1	
7 AGE	τ, .			If LESS then 1 day,hre.	and that death occurred	i, on the date a	stated above, at 1.10
•			7	ormin.?	The CAUSE OF DEAT	H* was as folk	ows:
					<i>/</i> 2		
(a) part		fession, or d of work	None		aut Sa	stro	Enterto
(a) ? part (b) (Trade, pro ticular kin General'ns Iness, or e	fession, or d of work sture of industry stablishment in d (or employer)	None	1193	aut La	retro	Enterts
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Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Association.)

Statement of occupation .-- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman; etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman; (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekcepers who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired, 6 yrs.) For persons who have no occupation whatever write None.

Statement of cause of death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphthèria (avoid use of "Croup"); Typhoid fever (never report

"Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septichaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as accidental, suicidal, or homicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train-accident; Revolver wound of headhomicide: Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)